NBT monthly for primary care

supporting GP practices with service updates and news

April 2018

NBT values your feedback. As primary care liaison manager, I am always happy to come and visit your practice at your convenience. My contact details are given at the end of the newsletter.

Dermatology advice and guidance for South Gloucestershire

Following the successful pilot with three practices in South Gloucestershire, dermatology would like to extend their pilot for another eight weeks for all practices in South Gloucestershire from Monday 23 April. Please, send us your requests for advice and guidance through the e-referrals system with a photograph if possible.

Contents

- Dr Begoña Bovill
- Paper switch off update.
- Primary care survey 2018
- Neurology contact numbers
- Colorectal 2WW referrals
- Update on waiting times
- Ambulatory monitors
- Other important updates
- MSK access blog. Obesity and knee pain.

Please read the document attached to this email:

- Hypermobility management guidelines
Dr. Begoña Bovill

It is with great sadness that we have to report that Dr. Begoña Bovill passed away on 3rd April. Begoña had been a consultant in infectious diseases at North Bristol NHS Trust since 2001. After training in infectious diseases and general medicine, Begoña was appointed as a consultant at Southmead hospital in the Medical Admissions Unit (now AMU) in 2001. When Dr. Stuart Glover retired, she took over his post in infectious diseases.

Begoña was a charismatic, caring doctor who was very much loved by her patients and colleagues alike. She was instrumental in a large number of doctors choosing infectious diseases as a career, such was her inspirational approach.

Begoña was very dedicated to her job, often phoning when on holiday and never happier than when discussing a tricky infectious disease problem, whatever the time of day or night. Her dedication to the job was such that despite her diagnosis she returned to work, continuing until February of this year.

Begoña died peacefully at home with her family and leaves a husband and three children. She will be much missed by family, friends, colleagues and all her patients.

---

Paper switch off update (UHB and NBT)

It is important that GP practices register for eRS alerts for when the system is down. To register, click on: [http://nww.hscic.gov.uk/servicemanagement/status/](http://nww.hscic.gov.uk/servicemanagement/status/)

Then click on our area on the map and, on the page that opens, click on the icon that says “Subscribe for updates with RSS”. At least one person from each practice should register for these alerts to ensure all staff are kept up to date with any access issues for the e-Referrals system.

On May 2nd, Jane Nicholls (NHS digital), Nina Stock (Outpatient Manager UHB) and Nick Evans (Outpatient Manager NBT) will be attending a meeting organised by the CSU for South Gloucestershire’s practice secretaries in Emersons Green Village Hall to answer questions and provide guidance on how to use e-RS for referrers.

Accessibility guidance for users in eReferrals can be found on:

[https://www.nhs.uk/aboutNHSChoices/aboutnhschoices/accessibility/Pages/Accessibilitystatement.aspx](https://www.nhs.uk/aboutNHSChoices/aboutnhschoices/accessibility/Pages/Accessibilitystatement.aspx)

In May, we will be communicating the paper referral rejection process via direct email to your practice managers.
Thank you very much to all of you who filled in the survey. There was a 66% increase in response rate from last year.

It is positive to see that 60% of those who responded to the survey read this newsletter always or often. I hope that now that it is also uploaded to GPTeamNet every month, we can increase our readership as more of you receive it directly. This is important because it is our main channel to let you know about what is happening at NBT, as well as responding to general enquiries that I receive from your practices.

It is also very positive to see that 72% of you rate communication with NBT with 3 stars or more, in comparison with last year’s 53%. We are aware that there is a long road ahead in terms of improving communications but I am sure we will achieve it if we work together. We are going to explore the possibilities that GPTeamNet can offer us with One Care and Dr. Andrew Appleton and, above all, NBT is committed to working together with all stakeholders for the BNSSG Digital Strategy.

Our clinicians’ webpages [https://www.nbt.nhs.uk/clinicians](https://www.nbt.nhs.uk/clinicians) are also a very good way to find information about services and referrals so, please, do not forget to check them if you have any queries. If you have any ideas about how to improve those pages, please let me know.

45% of respondents has contacted me directly and find my role helpful but I would like more of you to contact me. It is important that I can get your feedback to understand your context, what NBT does well and what we can improve. I am always happy to visit your practice at your convenience.

There were 37 additional comments in the website, which could be summarised into four main areas:
Contacting NBT: please let me know if there is a service you find especially difficult to get in touch with and I can work with them to find a solution, as we have just done with Neurology.

Clinical correspondence: work is ongoing on the three issues (discharge letters in ED, clinic letters and notifications of death). I hope to be able to give you updates on the different projects next month.

Waiting times and availability of appointments: we are trying to help manage patient expectations by publishing the waiting times of those services you have mentioned to me and, where possible, additional capacity is being created to reduce waiting times. In Radiology, for example, NBT contracted a short-term locum to reduce the backlog in reporting. This has been a very successful initiative and the backlog in reporting for primary care has been reduced by 54% in the last month.

IT systems: NBT is committed to working together with all stakeholders for the BNSSG Digital Strategy. We are also introducing an Electronic Document Management System (EDMS) to make patient records accessible to multiple clinicians at any one time, to support decision making, minimise instances of records being unavailable and generally improve patient experience and communication with primary care.
Neurology contact numbers

Following your feedback about how difficult you were finding to contact neurology, please find below the updated list of contact numbers.

<table>
<thead>
<tr>
<th>CONSULTANT</th>
<th>SECRETARY</th>
<th>TEL (0117)</th>
<th>SpR BLEEP</th>
<th>SHO BLEEP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Movement Disorders, Muscle &amp; Dementia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Nagaraja Sarangmat (recently left Trust)/Dr Selikhova</td>
<td>Helen Oaten</td>
<td>4146689</td>
<td>1315</td>
<td>1627</td>
</tr>
<tr>
<td>Dr Alan Whone</td>
<td>Laura Martin</td>
<td>4146690</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Konrad Krolikowski</td>
<td>Tracey Chiddy</td>
<td>4147984</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Sabine Klepsch</td>
<td>Tracey Gore</td>
<td>4146692</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Stefen Brady</td>
<td>Kim Forshaw</td>
<td>4147718</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Andria Merrison</td>
<td>Clare Chamberlain</td>
<td>4146688</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Elizabeth Coulthard/Dr Elizabeth Mallam</td>
<td>Helen Selman</td>
<td>4146691</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Hilary Archer/Dr Elizabeth Mallam</td>
<td>Claire Edwards</td>
<td>4147296</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Neuro-Inflammation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr David Cottrell</td>
<td>Rebecca Legg</td>
<td>4146693</td>
<td>1312</td>
<td>1113</td>
</tr>
<tr>
<td>Prof Neil Scolding</td>
<td>Rebecca Legg</td>
<td>4146693</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Alastair Wilkins</td>
<td>Samantha Yildirim</td>
<td>4146695</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Claire Rice</td>
<td>Samantha Yildirim</td>
<td>4146696</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr James Stevens</td>
<td>Denise Gould</td>
<td>4146695</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Luke Bennetto</td>
<td>Pina Watkins</td>
<td>4146710</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Stroke/NeuroVascular and Epilepsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Philip Clatworthy</td>
<td>Stephanie Burke</td>
<td>4146456</td>
<td>1529</td>
<td>1328</td>
</tr>
<tr>
<td>Dr Kiran Bangalore (recently left the Trust)</td>
<td>Janette Duggan</td>
<td>4146698</td>
<td>1251</td>
<td></td>
</tr>
<tr>
<td>Dr Justin Pearson</td>
<td>Janette Duggan</td>
<td>4146698</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Olivera Martinovic</td>
<td>Janette Duggan</td>
<td>4146698</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Howard Faulkner</td>
<td>Katherine White</td>
<td>4146686</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Kasia Sieradzan</td>
<td>Katherine White</td>
<td>4146686</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Madhu Ramamoorthi</td>
<td>Katherine White</td>
<td>4146686</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Colorectal 2WW referrals

The ICE two week wait referral system has been very successful in terms of shortening time to diagnosis for patients and for improving 62 day cancer performance. The algorithms within the system are based on the latest NICE guidance, which has dramatically expanded the indications for referral. This has put a lot of pressure on the system, especially our endoscopy capacity.

Unfortunately NBT has evidence that the information in referrals about patients’ age is not always correct.

If the patient does not fulfil the criteria on ICE, please do not refer them via the 2WW route. Options for these patients include referring on a non 2WW pathway to other centres offering diagnostics or, if you suspect they have a cancer diagnosis but do not fit the criteria, then they can be referred to clinic via e-referral and there is a link on ICE for this.

We are happy to see all patients with a suspected cancer diagnosis but we can only offer GP requested diagnostics for patients who actually fulfil the criteria for a two week wait referral.

Thanks for your help with this.

Update on reporting and waiting times

Good news in MSK: a sixth MSK Radiologist has now taken up post, which enables the Trust to match normal reporting capacity to demand.

Average Appointment waits for non-urgent Imaging:

- Fluoroscopy Guided Injections 10 weeks
- Ultrasound Guided Injections 24 weeks
- MRI Diagnostic 3.5 weeks
- CT Diagnostics 3.5 weeks
Fluoroscopy Diagnostics 2 weeks
Ultrasound Diagnostics 4.5 weeks

Non Urgent Radiology Reporting:

• Plain film 94% done within 3 working days
• CT – longest wait 3 weeks
• MRI – longest wait 3 weeks

Waiting times for Gynaecology general referrals are 6-8 weeks but for the specialist clinics it can be nearer to 14 weeks.

Current non-urgent initial waiting time for Physiotherapy is 16 weeks.

Non urgent initial waiting time for outpatient appointments in Gastroenterology is 14 weeks.
Waiting times for endoscopy is 6 weeks.

Ambulatory Monitors

As a result of the significant delay for analysis in January (15 weeks for analysis and a booking wait of 2 to 6 weeks), we have employed locums to give us extra capacity; the analysis time is now less than 6 weeks which is a significant improvement. We are also in the process of training more staff in the analysis system so that we can make further improvements to the service.

All recordings are ‘scan read’ by trained staff and any significant pauses or ventricular arrhythmias are dealt with on the same day.

For booking waiting times, our limiting factor is the number of loop recorders we physically have. Patients’ waiting time is around 2 weeks for an ECG monitor and over 6 weeks for a loop, depending on availability. However, we have been given the opportunity to purchase more monitors from charitable funds to give us extra capacity and we have started the procurement process.

We are also working closely with the stroke team to help them bring a 14 day monitor service into the Neurosciences Division.

Other important updates

• Advice and Guidance in e-Referrals:
  • Gynaecology will open advice and guidance in May.
  • Neurology will go live in June

  More information on both services coming soon.

• Vascular will no longer provide clinics on the eRS system for ‘Vascular Nurse Specialist Clinic
- Vascular Surgery - Cossham – RVJ.

- On April 5th, Christine Nagel took up the role of MDT and Cancer Performance Manager, following Gail Kemp’s retirement.

- Infectious Disease service continues as normal, supported by consultants Dr Charlotte Hall and Dr Izak Heys

**MSK access blog. Obesity and knee pain.**

Damian Clark (knee surgeon at NBT).

Jim Hewes (bariatric Surgeon at NBT).

Hyunkee Kim (GP in Eastville medical Centre) about the increasing challenges seen patients and healthcare providers.

One quarter of adults in the UK (13 million) are obese (BMI >30kg/m²). These rates are on the rise, with a projected 17 million adults by 2030. Obesity is a risk factor for diabetes, heart disease and stroke and is a causative factor in up to 20 different types of cancer. This is causing an enormous financial burden with over £4bn per year (5% of total NHS budget) being spent on its management and consequences.

One fifth of people in their 50s have painful knee osteoarthritis in at least one knee. This is becomes more common as we age, rising to two in five of those aged over 80. More than 6 million people in the UK currently have painful knee osteoarthritis.

For those with a BMI of more than 35 there is a 14 times increase in the incidence of knee osteoarthritis.

Does knee replacement surgery benefit people who are overweight?

Several studies have evaluated this. The outcomes are good although those with a BMI of more than 40 tend to have less functional improvement than patients with lower BMIs. Improvement may also take longer. There is as an increased risk of complications, such as infection, wound healing problems, respiratory complications and venous thromboembolism. The joint replacement itself might be expected to “wear out” faster, there may also be faster loosening of the implant from the bone.

Arthritis and exercise?

Arthritis does make exercise more challenging and chronic pain negatively impacts on step count and calorie expenditure. A series of studies have demonstrated that even modest weight loss and exercise can help to reduce pain and increase the ability to perform everyday activities. Interestingly, loading a joint during exercise has been shown to be protective of joint cartilage.
This month’s JBJS reported that age and BMI matched marathon runners have healthier cartilage than normal population values.

- **What alternatives are there to knee replacement surgery?**

  - The ADAPT study compared the interventions of diet (reduced calorie intake and with an hour per week of dietary education) with exercise (1 hour aerobic, three times a week), combined dietary and exercise classes and an advice book. This trial ran for 18 months and included more than 300 people. The findings were that:
    - Weight loss advice alone provided no benefit.
    - Exercise classes alone provided minor benefit.
    - Dietary classes provided greater benefit.
    - Combined exercise classes and weight loss classes provided the greatest benefit.

- **What supported weight loss services can I refer patients to in the community?**

  - Many and varied
    - For children (age 2-16) a more intensive programme can also include an intervention in the GP surgery and lifestyle advice for the entire family. [https://www.ank.uk.com/ank-12](https://www.ank.uk.com/ank-12)
    - Tier 3 weight management referrals are also available through Criteria Based Access: [https://bnssgccc.nhs.uk/individual-funding-requests-ifr/individual-funding-requests-directory/weight-management-service-tier-3/](https://bnssgccc.nhs.uk/individual-funding-requests-ifr/individual-funding-requests-directory/weight-management-service-tier-3/)

- **What weight loss services does NBT offer?**

  - People who are morbidly obese may benefit from Bariatric (weight loss) surgery that promotes significant long term and sustained weight loss. This is safe and effective and is the most cost effective treatment ever evaluated by NICE, with 90% of patients discharged less than 23 hours after surgery. Those whose weight problem puts them at risk of developing or worsening the symptoms of osteoarthritis can be considered for this.

  NBT offers a full range of surgical and non-surgical weight loss services and has excellent outcomes. These include group and individual sessions with dieticians, psychologists, endocrinologists, surgeons and nurse practitioners.

  Patients are eligible for referral if they have:
BMI > 40kg/m² or BMI > 35 with an obesity related comorbidity such as T2DM, sleep apnoea, intra-cranial hypertension, metabolic syndrome etc.

Referrals are made via the Trust website: [https://www.nbt.nhs.uk/our-services/a-z-services/bariatric-surgery](https://www.nbt.nhs.uk/our-services/a-z-services/bariatric-surgery)

Next month: Shoulder pain

Dr. Hyunkee Kim (Eastville medical centre), Dr. Paul Maries (Montpelier) and I (Damian Clark, NBT Knee surgeon) are working on improving the MSK blog for the newsletter. Please fill in a very short survey in the link below and let us know what you would like to read about in this section.

[https://www.surveymonkey.co.uk/r/55JY5DX](https://www.surveymonkey.co.uk/r/55JY5DX)

Dr Carmen Arnáiz
GP Liaison Manager
Trust Headquarters
North Bristol NHS Trust
Southmead Road,
Bristol BS10 5NB

Direct Line: 0117 4143937
Email: carmen.arnaiz@nbt.nhs.uk
Secure email: carmen.arnaiz@nhs.net